

Notification of Surrogate Consent Committee (SCC) Hearing

Date _____

Dear _____ :
Name

As a(n) _____ of _____, a resident of _____, you
(Relationship) (Individual's Name) (Facility Name)

are hereby notified of a hearing to review the attached "Application for a Treatment Decision by a Surrogate Consent Committee (SCC)."

This hearing will be conducted at _____ on _____
(Time) (Date)

at _____
(Location, Address and Area Code and Phone Number)

The type of treatment decision to be considered at this hearing is _____
(List type of treatment requested.)

By law, when it is determined that an individual residing in an Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions has no legal guardian and has been assessed to lack the capacity to make a personal treatment decision, then the treatment decision is referred to the Surrogate Decision Making Program of the Texas Department of Aging and Disability Services. A hearing, composed of three to five trained volunteers, will convene at the above stated time, date and location to review written evidence and hear testimony regarding the need for the proposed treatment for the individual. Based on the findings of fact and determination(s), the SCC will provide or withhold consent for the treatment or procedure. If consent is given, the SCC will determine the date on which the consent becomes effective and the date it expires. The consent decision will be announced to those persons present at the hearing.

You are invited to attend the hearing and present evidence or testimony personally or through a representative. If you disagree with the SCC's decision regarding the proposed treatment, you have the right to appeal the decision by filing a petition in the probate court or court having jurisdiction for the county in which the individual resides or in Travis County. This appeal must be filed no later than the 15th day after the effective date of the committee's determination. Additional information regarding the appeal process is found in Section 597.053 of the Texas Health and Safety Code.

If you need directions in order to attend the SCC hearing, or if you have any questions about the treatment or procedure requested please contact _____ at _____
(Facility Representative) (Area Code and Phone Number)